

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1		1		
3		2		2		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		①		①		
12		①		①		
13		①		①		
14		①		①		
15		①		①		
16		①		①		
17		①		①		
18		2		2		
19		2		2		
20		2		2		
21		2		②		
22		①		①		
23		①		①		
24	1		1			
25		1		1		
26	1		1	3		
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
TOTAL IND.	3	↓	4	↓		↓
TOTAL DEP.	34	↓		↓		↓
TOTAL CLAIMS	37					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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88						
89						
90						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						